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ORIGINAL DEPARTMENT.

LECTURES.

BLOOD-LETTING AS A THERAPEUTIC RESOURCE IN OBSTETRIC MEDICINE.

By FORDYCE BARKER, M. D.,

Chemical Professor of Midwifery and Diseases of Women, in the Bellevue Hospital Medical College and Obstetric Physician to Bellevue Hospital.

Read before the New York County Medical Society, December 5, 1870.

[Reported specially by our New York Correspondent.]

The day following my return to this city from my summer vacation, I was called to see a lady in the sixth month of pregnancy, whose symptoms I considered indicated blood-letting. Not having a lancet with me, and being in the vicinity of an instrument shop, I sent there, and was astonished to find that they did not have such an instrument in the establishment. This fact struck me as most significant of the change of practice which has taken place in the profession during the last thirty years. In all the obstetric consultations in which I have met other gentlemen in the last fifteen years, I do not recollect of an instance where blood-letting has been resorted to or even alluded to as a therapeutic measure to be considered, except in a few cases of puerperal convulsions. Thirty years ago the authors who guided the practice of obstetrics both here and in Great Britain were Denman, Clark, Burns, Gooch, Collins, Ryan, Conquest, Lee, Rambotham, Rigby, Gordon, Hey, Armstrong, Dewees, Velpeau, Francis and Meigs.

I find from a careful examination of all these authors that blood-letting is recommended by one or all of them for the following conditions occurring during gestation, parturition or the puerperal state:

During gestation many advised and none objected to it. In uterine irritation and uterine plethora, erratic pains, cramp and numb-

ness of the lower extremities, spasmodic cough, varices, pruritis, insomnia, swellings of lower extremities, hemiplegia, abortion when threatened, and to promote the expulsion of the fetus when abortion is inevitable.

VELPEAU quotes one case where a patient was bled 86 times during one pregnancy, and another, where a woman was bled 87 times in the later months of gestation, and in both cases the mothers were delivered of healthy children.

During parturition blood-letting was inculcated for false pains where the patient was plethoric or feverish, for irregular and weak uterine contractions where patient was feverish, for rigidity of the os or perineum, to prevent abdominal inflammations, and to ward off or cure convulsions.

In the puerperal state it was urged as most efficient for the arrest and cure of all post partum inflammations, as metritis, phlebitis, peritonitis, etc.; also, to be most efficient in phlegmasia, dolens, puerperal mania, and puerperal fever. Now as some one or other of these symptoms occurred in every patient, it followed that nearly every case of pregnancy was bled. If my recollection serves me aright, the sentiment of the profession brought about a change from what had become almost a routine in practice long before the change was apparent in the doctrines taught by the standard obstetric authors.

It is important to decide whether or not the reaction has gone too far. Were our predecessors all wrong, and has the later practice been all right? For my own part I find that with an increasing clinical experience I am gradually getting to bleed more frequently, and this change of practice on my part has not arisen from any belief in what is termed a "changed constitutional type."

My convictions, that the lancet had been too much neglected by myself and others, have been increasing for some years past; but they received a new impetus from reading a paper by one of the most original and philosophical observers now living in England. I refer to the Introductory Address before the Medical Society of London, by Dr. B. W. RICHARDSON, President, on Bloodletting—a point of scientific practice.

This paper is so pregnant with thoughtful and practical suggestions that I am surprised it has not been more extensively copied in this country.

Whether the views of the author be accepted or not, it will repay perusal. I purpose in this paper to study bloodletting entirely as regards obstetrics.

It was in obstetrics that this measure was carried to the greatest extreme. It may be there now that it receives the most unmerited neglect.

I shall endeavor to appreciate the true value of this resource in the diseases of pregnancy; the complications of labor and the diseases of the puerperal state.

DISEASES OF PREGNANCY.

Thirty years ago vertigo, ringing in the ears, and other symptoms during gestation, were ascribed to plethora. CAZEAUX called attention to the fact that these might arise from an impoverished condition of the blood. It had been before noticed that the symptoms were identical. ANDRAL had observed that as the passage of an abscess of corpuscles caused the symptoms referred to, so a deficiency of corpuscles traversing the same vessels will produce similar derangements. The experience of the profession with regard to the effects of tonics confirmed Cazeaux' theory. Consequently cases of real plethora may not have been sufficiently taken into account. It not unfrequently happens that persons of comparatively feeble health, who usually menstruated freely, exhibit great functional activity, and gain flesh rapidly during pregnancy. Plethora may take place in such cases so as to render the pregnancy critical, even if it does not place the woman's life in danger. The troubles of circulation in the mother oppress that of the fœtus, and the appearance of its motions are retarded, if not yet observed as weakened, become less frequent and may completely cease. The prompt reappearance of the fœtal motions, after mod-

erate bleeding, proves this to be the consequence of local congestion. An excess in quantity may occur in hydremia, causing a greatly disturbed circulation and local congestion from a kind of serous plethora. Moderate venesection, followed by a more nutritious animal diet and treatment with iron and other tonics will relieve these symptoms. Two of the more important and frequent local congestions—uterine and renal congestions—I shall here more fully allude to.

Cazeaux remarks—agreeing with my own experience—that uterine congestion is observed most frequently in feeble and anæmic women. The monthly periodicity, he observes, appears to excite greater vital activity in the uterus. There is usually tension; swelling of the abdomen; a feeling of weight in the pelvis, the groins and the upper part of the thighs. Pain is also felt in the region of the kidneys and loins.

If the proper means are not employed, the vascular congestion, and the pressure upon the uterine walls resulting from it, irritate the organ; slight contractions may occur, together with blood at the vulva in small quantity, vesical tenesmus, very marked, is also a frequent symptom. If these symptoms do not disappear under cathartics, revulsives, etc., I should consider limited bleeding, followed by tonics, to be of much value.

In respect to renal congestions the profession generally have only understood them for thirty years.

In some cases of apparent cerebral congestion, to quote from Dr. Richardson, the primary arrest of circulation began in the kidneys, and may be discovered in the temporary albuminuria of pregnancy. Within a few years past I have had a marked success in warding off the danger of convulsions by venesection, which I have never before attained by other measures.

I saw a case with Dr. CHEESMAN, in which the patient, a multipara, was seized with a pain in the head, and this followed by a convulsion; I took from her arm 30 oz. of blood, after which, in great measure, she resumed her consciousness. This was followed by elaterium and diuretics; and in a few days the patient was progressing favorably. At present the fœtal heart can be heard, and gestation is going on well.

I saw on that day, with some other medical men, a case of uræmic coma coming on four

hours after delivery. Two or three days previously she complained of much pain at the fundus uteri, but without contractions of that organ, which condition persisted.

After removing the placenta, a clot was discovered as large as a man's hand and firmly organized. There was no external hemorrhage. The urine was highly albuminous and scanty; but the physician had detected no trouble before her last sickness. In this case it would seem as if nature would relieve renal congestion by extravasation of blood. It is probable that the pain at the fundus was due to the effusion.

It seems to me that there is some liability to neglect bleeding from fear that the patient is not robust enough. But some of its best results were found by me in anæmic patients.

In 1851 I saw a lady near the end of a first pregnancy; she was sitting in her chair sweating profusely—much dyspnoea and nearly livid in the face. I quickly opened a vein, and, whilst standing with my back to the door, I heard no step entering the room until the raucous voice of Dr. FRANCIS, her attendant, gave me the encouraging salutation of "Well done, good and faithful servant!"

After removing 16 oz. the patient was relieved, and in three or four days was delivered of a hydrocephalic child.

In this case I thoroughly think that if she had not been bled she would rapidly have died.

IN PARTURITION

It is now rarely used to hasten delivery. Chloroform, etc., are more potent.

It is chiefly in dreadful convulsions that it does most good. The object of the blood-letting is to cure the spinal affection and prevent the cerebral condition that terminates in apoplexy. It is a means of greatest value:

1. Where there is much fulness of the vascular system causing congestion of brain and spinal cord especially; and again, during a convulsion, to protect apoplexy.

2. It is of equal importance where the disease is threatened by uræmia. I concur with Dr. Richardson, that there is no remedy so swift in uræmia, as venesection. Purging, etc., is only trifling with death.

To bleed is to remove tension from the brain and set the breathing free, and remove congestion of all the internal viscera. Also, when we take away blood charged with urea we supplement the kidney. Dr. Richardson

has shown that in animals where one kidney is removed coma will disappear if blood is abstracted, and will die if this is not done.

IN PUERPERAL DISEASES.

In respect to treatment of post partum inflammations there is much doubt, as the pathology of inflammation is so imperfectly understood. I have not bled in this class of troubles in many years, but I have sometimes doubted whether or not I did right. I call to recollection a patient in Brooklyn who became very plethoric during the latter months of pregnancy, and who, after a severe labor, rallied well on the fourth day. A very severe attack of metro-peritonitis set in, and on the twelfth day she died. I have often regretted that I did not bleed this patient either before or after confinement, as she lost but little blood during her labor. I have often felt that from fear of post partum hemorrhage we have been too ready to secure the contractions of the uterus.

In respect to bleeding in puerperal fever, I hold to my former views on the subject, and do not bleed. The additional thirteen years in Bellevue Hospital and private practice have not changed my sentiments on this point.

In puerperal mania I recollect one case in which the symptoms became so aggravated that she passed into raving delirium, and every hour showed a tendency to grow worse. I bled her to about fifty oz., when she fell into a quiet slumber, and awoke conscious.

I hope that if I have not exhausted the subject, I have not exhausted your patience. It has seemed timely that the profession should be recalled to a remedy which has fallen greatly into disuse, but which, to quote again from Dr. Richardson, is one of the most scientific we have at our command—that it produces effects as patent to the eye, as convincing to the reason, as any known remedial measure.

DR. PEASLEE—I make it a custom in patients who are plethoric to let them bleed Oj. or Oij. during parturition. On the other hand, in anæmic cases, I administer ergot ten or fifteen minutes before the birth of the child, in order to prevent the loss of any blood. There is no doubt in my mind as to the benefit of venesection in eclampsia. I have never been adverse to bleeding, for be it leeches or be it cups, there are conditions in which it is really the only remedy. I am not in favor of pushing it to extremes, and seek to use it judi-

ciously. I am very glad, indeed, to see that Dr. Barker has brought the matter forward.

DR. F. D. LENTE—I am also in favor of bleeding in convulsions; however, I think I should prefer chloroform, veratrum viride, and morphia.

Many other gentlemen of the society approved of Dr. Barker's views, and thanked him for presenting them at the present time.

COMMUNICATIONS.

OBSTETRIC NOTES.

By L. G. HARLEY, M. D.,

Of Wooster, Ohio.

I send you the preternatural cases of labor, with some other irregularities, occurring in about 2,000 cases, and in a practice of thirty years, at Dalton, Wayne county, Ohio:

Forceps cases.....	15	Triplets (cases).....	2
Perforator and crotchet..	8	Accephalous.....	2
Placenta prævia.....	2	Nosless.....	1
Convulsions.....	7	Hare lip.....	1
Arm presentation.....	3	Clubfoot.....	1
Proapsed cord.....	2	Spina bifida.....	2
Twins (cases).....	21	Albinos.....	1

TWIN AND TRIPLET CASES.

In three of my twin cases it became necessary to use forceps. In one case the cord was only about eight inches long, and from its shortness prevented the expulsion of the child. In another case the labor was tedious, and, after giving birth to first child, my patient was too much exhausted to expel the second without aid. In my third twin case, requiring forceps, I delivered first child on account of inertia of uterus. These children were all born alive. One of them, Miss L., now 17 years old, was recently visiting my family, and judging from her intelligence and amiability, was certainly worth saving. My other forceps cases were not remarkable; disproportion of parts or want of physical force was generally the difficulty, making forceps necessary. In two of my cases I waited too long before using them, and these two children were dead.

There was nothing unusual about my twin cases, but what I have already written. One of which I will however detail, as it was, at least, somewhat "funny." Toward morning of a very cold night, January 2, 1864, I had a call to deliver a placenta. The child was born at 7 o'clock the previous evening. I got to the place about 4 o'clock, morning,

almost frozen, having had to ride seven miles. I found the accouchee lying quietly in bed, and when I got warm I took my seat by her, when I told them it was no wonder they could not get the afterbirth away, as there was another child there. By the aid of some stimulants and reassurance, she again resumed the "business in hand," and soon gave birth to the second child, after which there was no serious trouble in getting the afterbirth away. Her attending physician was a young German doctor, who had "studied medicine," some six months, with an old humbug of a "water doctor," in Akron, whose name I don't just now recollect.

In another case, pregnant with twins, one foetus died at about three months, but was carried to full term, when the mother gave birth to a fine little girl, and when I extracted the placenta, I found the little dead foetus, partially enveloped in it, in quite a good state of preservation.

My cases of triplets were the product of one prolific woman, and she gave birth to six children in eleven months and a half. On the 30th of January, 1853, the first three were born, premature—two dead, and one lived about five weeks. On the 16th of January, 1864, the second shower came to light, fine healthy boys, and are still living and will soon be 17 years old.

PERFORATION CASES.

In my cases of perforation, five of them were caused by deformed pelvis. Two of these subjects of deformed pelvis had each two children, at as many births—making four of these cases. The other three cases were caused by impaction.

One of these cases was an old girl illegitimately pregnant, and when she felt the premonitory labor-pains, she walked from Massillon to the vicinity of Marshalville, some 13 or 14 miles. This was on Friday. Next day she sent to Marshalville for a doctor, who is an "eclectic." He staid with her till Sunday afternoon, when he had a severe headache, and said he would go home and take something for it, and return immediately. He, however, did not return. On Monday they sent for another doctor, and on Tuesday he sent for me. I saw her after she had been in labor the fourth day, and almost moribund. I perforated the head and delivered her, but in a few hours she died.

This was the third old girl that I have deliv-

ered of an illegitimate child—all of them over thirty years old, and when, at least,

"The heyday of the blood ought to be growing tame and humble.

And wait upon the judgment."

This is the only death that has occurred in my practice after the use of instruments; and I can say with a very clear conscience, that none of my parturient patients were ever injured with instruments of any kind.

PLACENTA PRÆVIA CASES.

In my placenta prævia cases, one only was my own—placenta only partially over os. I was called to this patient several times during the last two or three months of her pregnancy on account of hemorrhage, and prescribed rest in the horizontal position, and she managed by being careful to go on to term without any very serious loss of blood. When she fell in labor, it was fortunately speedy; the os was soon dilated, and the head advanced rapidly, so that the flooding was not nearly so profuse as I feared it might be. She got over her peril quite well herself, but her child was dead.

In the other case of placenta prævia I was called in counsel. I was well acquainted with the woman, and had seen her several times in the last months of her pregnancy. Her attending physician was old, experienced, and competent, but somehow allowed himself to become obfuscated this time. I had this call early one Sunday morning, the messenger saying the doctor had been there since Friday evening. He started back immediately, saying I should come as soon as possible. I was very soon under way, with my instruments under my arm, thinking possibly the doctor had none with him. By and by I overhauled the messenger, and remarked that I had brought my instruments with me, when he said: "Why, Pete's wife ain't going to get a baby?" He was "Pete's" brother. I replied that I supposed that was just what ailed her. Arriving at the house, I found the doctor sitting by the kitchen fire, and said to him, as a reason for bringing my instruments, that I supposed Mrs. S. was about to be confined. He remarked that "if she was going to have a child he couldn't find it." But said he, "Doctor, examine her, and see if you can find out what is the matter." I found the woman almost flooded to death, and this had been going on since Friday afternoon. The os was well dilated, and the placenta immediately

over it. I again returned to the kitchen, and said: "Doctor, you have a case of placenta prævia, and if Mrs. S. is not delivered immediately she will die." The "situation" got through the doctor's hair at once. He exclaimed: "My God, doctor, I never thought of that." He at once passed his hand up by the side of the placenta, found the feet, and turned. I think, after the doctor appreciated his case, she was delivered in less than ten minutes. The patient is still living, and in the enjoyment of good health, notwithstanding this immense drainage of blood. This case transpired ten or twelve years since. The child, of course, was dead, and the mother's escape was almost miraculous.

CONVULSION CASES.

Five of my cases of convulsions preceded labor, and in one of them the convulsions continued five or six hours after delivery. In this case the child was dead, and it was several days before the mother's consciousness returned. Her next labor took place in Iowa, and she died of puerperal peritonitis.

In my other four cases preceding delivery the children were born alive.

In the other two cases the convulsions came on immediately after delivery was accomplished.

My treatment in these cases was bleeding largely, followed by large doses of tinc. opii. I have given the laudanum in two drachm doses frequently.

In one of these cases, Mrs. G., her husband came after me, and told me his wife complained of a severe pain in her head, and said when he left home she couldn't see. I told him to return immediately, for I thought his wife would have "fits." I hastened to his house, which was four miles distant, and when I arrived, his wife had already had three bad convulsions. I bled her an ordinary tin wash basin half full, and gave her half a tablespoonful of laudanum. The os, on my arrival, was only slightly patulous, but it now dilated kindly and quickly, and her babe was born in about two hours after the bleeding and laudanum. She had two or three more convulsions after I bled her, but they were quite diminished in force. This patient was blind, and remained so till the second day, when her eye sight gradually returned, and she had a quite good "getting up." Within the year, she had a severe attack of bronchorrhagia, and died in a few hours.

ARM PRESENTATIONS.

My arm presentations occurred in the practice of neighboring physicians, and I was called in in counsel. I saw each of these cases after protracted, unavailing efforts at delivery, the water drained off and the patient exhausted. I, however, with care and patience, succeeded in turning and delivering, without any great effort, save in one case. In this case I could find but one foot, without an undue exploration. This woman had been in labor two days, her child dead and undergoing decomposition. I brought the foot through the vulva, when the ankle joint began to give way. I applied a fillet around the leg below the knee, and made traction, and by and by the knee joint began to give way. I then applied my fillet around the thigh above the knee, and continued my efforts. The doctor who had been in attendance was sitting by me, quite impatient, and whispering, "you don't pull hard enough." I finally "pulled" the leg off at the hip joint. Being by this time somewhat tired, I asked the doctor to sit down and try if he could find the other foot. He did, but in less than five minutes got up saying, "No sir, it can't be done, sir; you must dissect the child, sir, as I told you all the time, sir." I told him to be patient and I would try again. This time I succeeded in finding the other foot, and brought it down, when the evolution was readily effected and the child delivered. Some two years after this I again took care of this lady, when in a labor of four or five hours she gave birth to a fine little girl weighing nine pounds.

In another of these arm cases, the doctor, who was a "root doctor," sent a messenger to borrow my instruments. I told the man I would not lend them to him, as I was certain he knew nothing about them, and if he should murder that woman with them I would not feel guiltless. It resulted in my going along to see the patient. I found the arm thoroughly extruded, as a Dutch woman and the doctor had been taking turns pulling at it, and telling the woman to "bear down." I placed the woman across the bed, and turned and delivered. The woman, victim as she was of imprudent ignorance, and much abused, yet made a good recovery. Some years after this this same man of "roots" had a primipara under his care till she became exhausted, when he sent to my colleague to borrow his instruments, but the doctor being absent and

his wife refusing to lend them, I was requested to see his patient. This young couple lived in an old style "cabin house," no window in front, and the messenger being the husband's brother, omitted the formality of "knocking" at the door, but just opened it and walked in; and O, what a sight! There sat the doctor in all his goriness, sleeves rolled up, jack-knife in hand, sitting on the edge of the bed, and trying to open the child's head that he might get his fingers in the hole and drag it away. He felt somewhat confused, but told me that the child was dead, and he was trying to open its head and deliver it. His appearance suggested the idea that he had just been butchering his winter's pork. I delivered the child with forceps, when the little fellow kicked and cried vigorously, notwithstanding the murderous demonstrations to which he had been subjected. The scalp, over the left parietal bone, was gashed and frayed, and presented such a hideous appearance that the woman insisted on my washing and dressing the child myself, which I did. There was some exfoliation of the osseous structure, but the child survived it all, and still lives, now an "American sovereign."

My last case of arm presentation occurred in the winter of 1867. Mrs. P. fell in labor and sent for the doctor on Thursday evening. Unfortunately, her doctor was a devoted worshiper at the shrine of Bacchus, attending all the orgies of the vinous god, and consequently neglecting Meigs and Hodge, and their co-peers. The arm was extruded some time on Thursday night, and I saw the sufferer on Saturday morning about 7 o'clock. The doctor, placing his arm alongside his head, remarked, "it is coming this way, and soon the head will be low enough for you to apply your forceps." From the time already occupied in vain efforts at expulsion, I had very little faith in his diagnosis. I sat down by her to take note of the case, and found the head in the left iliac fossa, and the shoulder occupying the inferior strait. The water was drained off, and the uterus contracted on the fetus. We placed the patient across the bed and chloroformed her, when I turned and delivered the child. I was astonished at the ease with which I accomplished the evolution in so unpromising a case. It was, of course, chloroform that made the affair an operation easily effected. The child, as usual in protracted cases of this kind, was dead. The

mother made a tolerably good recovery; she had partial paralysis of her left limb for some months, but it finally resumed its usefulness. I noticed on the shoulder of this child, which had been the presenting one, a number of ugly suggillations, and on asking an elderly woman the cause of it, she said the doctor had several times been trying to use his instruments; of course he had mistaken the shoulder for the head.

PROLAPSED CORD.

My cases of prolapsed cord occurred a number of years ago, before some German (I think it was) suggested the proper position in which to place the patient for its reduction. One of these children was born alive, the other dead. I failed to return the cord in either of these cases.

ACEPHALOUS AND OTHERWISE DEFORMED CASES.

One of my acephalous cases was a twin, and lived 21 hours. It only breathed; neither moved nor cried; the other was born dead. These children, in their imperfection, resembled each other closely. They looked as if the calvaria had been removed by opening the head at the usual place. The cerebrum of each was in miniature, about as large as half of an ordinary American walnut. The cerebellum seemed to be perfect. The edge of the apparent section of the skull was covered with common tegumentary tissue. These children otherwise were well formed.

My noseless case presented two small orifices where the nose ought to have been. Fortunately the child was born dead.

My hare-lip case was otherwise a well formed child, and its defect could have been easily remedied. It, however, was likewise still-born.

My club-foot case is a leg almost minus the foot, and the owner of this contrivance, now at least 25 years old, when he hasn't got religion, and takes "suthen" and gets on a spree, raises the mischief with this "game leg" of his. He uses it nearly as well as an Irishman does his shillalah.

In one of my cases of spina bifida, the fourth and fifth lumbar vertebræ were largely deficient, and quite a large sack of fluid protruded, covered by a delicate membrane. I supposed this child would soon die, and made no effort to remedy the defect. In a few days the membrane ruptured, and the child died.

In the other case the defect was in the same location, but much smaller, and covered with tegumentary tissue. I applied a compress and bandage, and a cure was effected, leaving a small protuberance, just enough to excite the wonder of the boys when they go bathing, and have them say, "Charley, what's that you have on your back?" This boy is now about 17 years old.

My albino case is 23 or 24 years old, and of course a "man of mark." He gets on well enough, only when the sun shines brightly, and then his vision is somewhat confused.

One case more, and I have done. A medical student of one course of lectures, and married, sent for me one morning to take care of his wife in labor; but I failed to get the message, and left for the country to see some of my patients. On my return my services were still in requisition, and, going into the bed-chamber and seeing the babe dressed and things looking comfortably, I asked what was the matter, and learned the placenta was undelivered. Seating myself by the bed, and finding the placenta extruding through the os, I extracted it, when my young friend remarked: "Now, how easily I could have done that if I had known how." "Just so."

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Clinic of J. E. Garretson, M. D., Lecturer on Surgical Diseases of the Mouth.

[REPORTED BY DE F. WILLARD, M. D.]

Nævus.

GENTLEMEN:—Here is a case with which you well rarely meet in your clinical experience—certainly I have never seen a similar example. It presents itself in the person of a little child—months of age, who was brought to my office some weeks since, suffering with a huge erectile tumor, which occupied a large portion of the right cheek, while another, a half inch in diameter, was situated upon the lateral frontal region near the border of the hair.

The one upon the cheek was formidable, both in appearance and size, and while holding its method of cure under deliberation I operated upon the smaller one by strangulation; it soon sloughed, and the base is now rapidly healing, in fact, it pursued an ordinary simple course. Most singularly, however, as the process of sloughing went on, I noticed almost *pari passu*, a series of phenomena

taking place in the nævus upon the cheek; it becoming first red, then livid, advancing to dark purple, until, as the above ligature dropped off, its tegumentary covering also ulcerated, and the whole nævus became as you now see it, a sloughing mass. In truth, by curing the little one above we have cured the monster below, for I have no doubt that as this dead tissue separates there will be left but a fresh granulating surface, which will speedily heal.

Now you all know what a nævus is; I have brought before you many cases at our clinic; I have shown you their composition; a congeries of dilated arteries, veins or capillaries; I have told you that I preferred the name, erectile tumor; and I have spoken of the various means employed for their cure (*vide* REPORTER, vol. xxiii. No. 16). Knowing this, then, you will say, "how could this action have taken place? Was it an accidental coincidence?" No! I think not, neither was it, properly speaking, a spontaneous cure, for there was an evident, perceptible cause, and that cause was the ligation of the other tumor; and yet if you ask me how this cause produced such a result I shall be unable to give you a positive answer. One is in a position fed by the facial artery; the other, dependent upon the anterior temporal, or supraorbital and frontal branches of the ophthalmic for its supply, at least in the normal state of the blood-vessel system.

I can, therefore, only suggest, as a reason, that there may be in this individual an abnormal distribution of the arterial trunks, and that both these tumors have been nourished by the same vessel. Granting this, then, it might follow that I had cured this large tumor upon the principle of the Brasdor operation for aneurism, *i. e.*, by interfering with the circulation of the terminal branches of this artery, I had developed a sufficient disturbance in the circulation of these large vessels to set up an irritation, then an inflammation, and finally a complete slough, producing thus a most desirable result from an unintentional and comparatively trifling cause. This may or may not be the true explanation. Certainly I can suggest none more reasonable. Paget speaks of one or two cases of this kind, yet gives no explanation as to their occurrence.

Salivary Fistule.

Here is a young woman who has been troubled with an open ulcer upon her cheek for nearly two years. Her difficulty commenced as an alveolar abscess, from the second molar tooth, a disease the varied results of which I so often bring before you; (and do you not remember last summer, how I then urged upon you the necessity of a thorough comprehension of the subject, since you would so often meet with its victims?) (*Vid.* REPORTER, July 30th, 1870.) This abscess opened not into the mouth, but burrowed upward through the buccinator

muscle, perforated the Stenonian duct, and finally opened upon the cheek, forming a fistulous track which communicated not only with the root of the tooth, but also with this duct, and we consequently have both saliva and pus constantly exuding from this orifice. Here, then, are two indications to be fulfilled in the treatment. In the first place the primary cause must be removed, and this cause exists in the two remaining carious fangs of the tooth above mentioned, which will continue to exercise their irritating influence as foreign bodies so long as they remain in their present position. They must, therefore, be removed, thus giving nature the power to complete the removal of the difficulty. In the second place, having removed the cause of drainage, the saliva must be turned into its normal receptacle, the mouth.

This ulcer has resisted various treatments during these two years, for although its salivary nature was recognized, yet the underlying causes, these carious fangs, were not removed, and of course the discharge continued and must have an outlet. As these roots are below the margin of the gum, we shall use the "elevator" for their extraction. [Tooth roots here lifted out by the "elevator."]

Now we have removed the exciting cause of all this difficulty, and will next try to cure this intractable ulcer upon the cheek. What must we do? We must make a passage by which the saliva will find a more easy outlet, thus turning it out of its present channel and giving opportunity for repair. For the accomplishment of this purpose a strand of silk is threaded at each end to a straight or curved needle, as preferred, and these needles are then successively passed into the fistula and carried out through the mouth, leaving about a line of tissue between the two points of passage. Removing the needle, a loose knot is then tied, forming a short loop, or else the intervening tissue may be immediately strangulated, and the loop allowed to ulcerate its way through. As this separation occurs, the saliva will take its course through this opening into the mouth (provided it has been made of sufficient size), and the external wound will heal usually of its own accord, but may sometimes require slightly stimulating with arg. nitr. I think that you will seldom be required to pare the edges of the external wound. This operation I prefer to that of Horner, where the whole tissue is cut out with a sharp sardler's punch, as you will find described in your surgical works, since it is perfectly simple and reliable.

Another mode of operation is by the use of a conical cotton tent, which is inserted into the wound after a puncture has been made with a bistoury entirely through into the mouth, its base being placed in that portion of the track situated nearest the inside of the cheek, with the delicate point of the pyramid at the external fistule. This, by its unequal

expansion, will dilate the internal orifice and permit the narrowing of the external, when, after a few days, it may be removed and a similarly shaped cone of folded iron-wire inserted in its place, the apex of which cone should consist of but a single wire. This will induce a patulous condition of the oral passage, while the fistule will diminish in diameter to the size of the wire, when you have but to remove it, and all will be well in two days.

Some one of these operations will usually be found applicable, but in cases where the fistule is the result of extensive sloughs, as in *cancrum oris*, auto-plasty may be required.

These salivary fistules you will find to baffle all your attempts by stimulants and caustics, and I would rather advise you to operate at once. The worst cases are those where some of the lobules of the parotid gland have been injured; and let me here caution you to be extremely careful, in all your operations in the region of that gland, not to cut through that strong fascia which comes up from the neck, known as the parotid fascia, for should you cut but one lobule of this gland, a fistule may result.

[The two needles were then carried through, bearing the thread with them; a loop was made and allowed to hang loose in the mouth. In a few days it had cut a passage into the mouth; the saliva followed its track, and after a single application of arg. nitr. the girl reported in two weeks entirely well. —Dr F. W.]

Irregular Dentition.

I next show you a girl, 15 years of age, who comes to us with an irregular, uneven superior dental arch; and as it illustrates some of the anomalies of dentition, I bring the case before you. We look at her upper jaw, and perceive that she has sixteen teeth—eight upon either side of the center. Now she is only 15 years old, at which age you know that the ten deciduous teeth should have all been replaced by permanent teeth, yet the third molars or wisdom teeth should not have appeared. Her complete set upon the upper jaw, at present, would therefore be fourteen. I find that there are here three molars upon each side, yet there is space still remaining behind these, in the normal position of the wisdom teeth, and am therefore confident that these are still to erupt, which would give her eighteen in the arch. Whence then these three molars? I examine them carefully. The posterior one is evidently the normal second molar, and the next neighbor is the ordinary first molar; yet between this and the bicuspsids is an intruder, upon either side. What is it?

Supernumerary teeth are, as a rule, doubly conoidal; but this is not so. It is, however, small and diminutive, and presents every appearance of a milk tooth—the second molar; and such in truth it is, remaining here at the fifteenth year, whereas it should have dropped out at the tenth—its fangs not having been absorbed from some reason unknown

to us. Now, fortunately, there has been nearly sufficient room in her arch to accommodate this retention, and the teeth are but moderately displaced; yet, suppose that it had been impossible for the permanent teeth to have crowded their way into the arch,—they must then have been compelled to make alveoli for themselves, and would, probably, have emerged posteriorly to the deciduous, at some point in the roof of the mouth, or might have formed an odontocoele. This condition of odontocoele is one we will frequently remark when we find a deciduous tooth in the place of a permanent one, and, in fact, we should bear this relation in mind in all dentigerous cysts, for they are often found in connection also with supernumerary teeth.

In its relation to these osteo-dental, or dentigerous tumors, or odontocoeles, or compound cysts, as they are variously called, this case is especially interesting to us, since the presence of these teeth might have readily resulted in the formation of such a tumor. The most common position for such tumors is in the region of the palatine processes of the superior maxilla. Yet, I remember one case in which I found such an encysted tooth, with its apex in immediate relation with the floor of the orbit. Your diagnosis will rest mainly upon their position and upon their size, but in cases of obscurity you could easily settle the question by an exploring needle, which will reveal, at least to an educated touch, the presence or absence of tooth structure. The contents of these tumors, or compound cysts, sometimes consist of undeveloped but more commonly of supernumerary teeth. The presence of these supernumerary teeth in such a position is interesting also to us in a physiological as well as a surgical point of view, for as they are not necessarily a dermatic production, the appearance of these in the mouth is as unaccountable as is their association with ovarian or other remote tumors.

In the present instance, however, these teeth are nearly in position, as are also all the permanent, so that we have but to afford a little more room in the arch by the simple extraction of these offending bodies, thus allowing the remaining ones to fall into their normal places.

An encysted tooth germ, as could readily be inferred, may heterogeneously develop; that is, there may be such a transposition of the dental elements that the microscope can alone individualize them. A famous case of this kind I have reported in my work on Oral Surgery, where the son of a banker, as the result of encystment of the germs of two of the molar teeth, had a tumor form in his lower jaw, which never was diagnosed until after a resection of the bone, when the microscope demonstrated it to be dentigerous. Anomalies of dentition should claim from you considerable attention.

PHILADELPHIA HOSPITAL.

Wednesday, Dec. 7, 1870.

Surgical Service of JOHN H. BRINTON, M. D.,
Lecturer on Operative Surgery in the Jefferson Medical
College. One of the Surgeons to the Phila-
delphia Hospital and Surgeon to
the St. Joseph Hospital.

[REPORTED WITH NOTES, ETC., BY RALPH M.
TOWNSEND, M. D.]

GENTLEMEN: I first show you this morning some results of previous operations. You will hardly recognize in the clear eye of this woman the one that was so inflamed and congested but a week back. We did nothing here but pull out the offending eye-lashes, and apply a wash consisting of a drachm of sassafras pith to the pint of water. Before dismissing this case, let me give you a hint. Sometimes in looking directly at the eye of a patient affected with trichiasis and distichiasis, you will be unable to see the offending cilie. I advise you always to take care to place your patient between yourself and the light, looking transversely across the face, so as to bring the hairs in profile. A lens is also of benefit in examining for this condition.

These two men show the

Results of Operations for Phymosis.

I want you to see for yourselves what you may expect after operations of this kind. If you leave the clinic room with only a knowledge of the immediate operation, knowing nothing of what happens subsequently, it will only be to chagrin and mortify you hereafter, when you promise immediate benefit to patients similarly affected. Observe this man's penis closely. See how the swelling and granulation have drawn tense the heretofore lax sutures. Had I drawn them tight in the first place, they would by this time have cut their way through the parts, and have been of no further use. The matter of the insertion of sutures is one, I think, of some importance. Do not fasten your sutures too tightly; allow for the inevitable swelling which follows operation, and you will thus obtain a greater effect from your threads or wire, and procure a more perfect aptation of divided surfaces. In this case, after the inflammation subsides—being less to-day than yesterday—and cicatrization takes place, nature will round off the parts and give the man an organ of which he need not be ashamed.

Now this second case does not look quite so satisfactory. Here there was more indurated tissue to trim away, and more extensive ulcers to cauterize. The penis looks lopsided; but here, as in the former case, we will fall back on nature's smoothing hand, and if she fails us, a clip from the scissors will quickly round off the dog's ears and angles.

Now what is the after-treatment in these cases? Remember that this organ is a nervous one. It is

subject to erections, and where they take place they will tear out the sutures. Don't expect your patient to get up and run around then, the day following the operation. Keep him recumbent. Pay attention to his diet and secretions. Two grains and a half of camphor, and one grain of opium by the mouth at bedtime, and the introduction, if necessary, into the bowels of a suppository made of cocoa-butter, and containing one-half a grain each of the watery extract of opium and the extract of belladonna, will control these erections. That is all my treatment.

As a last result, here is the man who suffered with the sinuses about the ankle, and the operation upon whom completed my last clinic. Fever, pain, nervous irritation and insomnia followed the slitting up of these sinuses. Hypodermic injections of morphia and opium and chloral by the mouth, seemed for a time to be without effect; but after the expiration of forty-eight hours the irritative fever passed away, and then the anodyne acted nicely. Over the ankle I applied tepid water and laudanum. I like this application. This man is decidedly better, and before further procedures I will await further results.

Fistula in Ano.

This man, you will remember at my last clinic, as having a stricture at the urinary meatus cut, and also a sinus at the verge of the anus laid open. He has an anal fistule also, and upon this I propose to operate. I have not the time to-day to dilate upon the causes producing this condition. Suffice it here to say that ulceration of the rectum and the escape of matter and gas through the resulting perforation and through the ischio-rectal mass of fat to the skin is in brief the pathology of this condition. This sinus is a long one, and empties into the bowel high up. I propose, in order to avoid a too profuse hemorrhage, to cut it gradually out by a seton, and I like best for this purpose a few strands of silk. You see me now pass an eyed probe armed with the silk through the fistulous track into the bowel. Then introducing my finger into the rectum, I catch and draw down the end of the probe. The extremity of the silk follows the withdrawal of the latter. I now have the fistula ringed, as it were, and draw tight and tie my loop. This will loosen as the silk cuts its way through, and either the surgeon or the patient must tighten it daily.

Inflammation of Knee-Joint.

This is a case of very great interest. Look at this boy's knee. You see that it is inflamed, swollen; and that the leg is flexed upon the thigh. He has evidently suffered much pain, is peevish, and generally is in a condition of extreme irritation. What is the matter with this boy? Let me tell you his history. He is now 17 years of age, and has suffered from trouble in his knee ever since

he was 5 years old. He says that he then hurt his knee, in some way or other; that it inflamed, and afterward "broke." You can see for yourselves a cicatrix, evidently caused by the bursting of an abscess on the upper and outer portion of the joint. At that time he recovered with a somewhat stiffened joint, the power of extreme extension being interfered with. He managed, however, to hobble through his childhood on a crutch. As a boy, he could play with other boys, but always with his crutch. When old enough to earn his own living, he was apprenticed as a cobbler. Eighteen months ago he laid aside his crutch, and used only this hook-headed stick to walk with.

Some five weeks since, without any assignable cause, his knee commenced to pain him. This pain increased from day to day, and became aggravated at night to so great a degree as to keep him awake. In fact he could not sleep, he says, until dawn. During this time the leg became more and more flexed on the thigh, until it assumed its present position. On examination of the joint, I now find the patella soldered to the inferior extremity of the femur, and the heads of the tibia and fibula are so carried back as to render voluntary motion impossible.

With the increase of pain has come increase of flexion. They go together. No man ever saw a joint extended while inflamed; as Mr. Hilton, in his published lectures upon "Rest and Pain," has pointed out, there is a law of nervous distribution, which explains this association. The law is this: that the same nerves which supply the interior of a joint supply the muscles moving that joint, and also the skin covering both. Mark the result: Inflammation in the interior of the joint sends its impression up to the nervous centres; as a consequence the motor nerves distributed to the muscles, and the sensitive cutaneous nerves bring back both sensory and motor impulses. We have, therefore, peripheral cutaneous pains, and excessive muscular contraction. But the combined strength of the flexor muscles of a joint is above that of the extensors, the wrist joint possibly excepted—hence flexion of the joint takes place. The index and little fingers have special extensors, consequently in inflammation of the joints of these parts the flexion is as great as elsewhere.

This point has been in a flexed condition so long that false ankylosis has resulted. False, or extra-articular ankylosis, let me remark in passing, is where the articular surfaces retain, at least for a time, their normal characters, but their functions are impaired or suspended by the diseased condition of the surrounding parts. Muscular contraction, vicious cicatrices, osseous deposits, paralysis of the articular muscles, and, as in this case, the presence of plastic deposits, may all induce such a result.

True or intra-articular ankylosis may be produced by whatever has a tendency to excite inflammation in the synovial membrane of the joints, with deposits of plastic matter upon its free surface. It may arise from all kinds of external injury by presence of inter-articular bodies, luxations, fractures, gout, syphilis, rheumatism and scrofula.

You should exercise great care during and especially after operations upon joints. I have known the undertaker to follow the doctor, only twenty-four hours intervening after the division of tendons and the breaking up of an ankylosis.

I shall have a good deal to say to you hereafter concerning the inflammation of great joints; and as I shall refer again to this case, and let you see it from time to time, I beg that you will now fix its permanent features in your minds, viz: pain on the inner side of the knee, flexion increasing *pari passu* with the pain, contraction of the ham string muscles and of the fascia, the ankylosis of the patella, and the tendency to fibrous and perhaps to osseous deposits around the joint.

[The patient was now put under the influence of ether, and then turned prone. While an assistant steadied the limb by placing the palm of one hand upon the patella, and then put the leg upon the stretch by firmly grasping the ankle with the other hand, Dr. BRINTON divided subcutaneously the tendon of the biceps muscle, taking care to avoid the peroneal nerve, which runs along its outer border. Some of the dense subcutaneous fascia was also divided subcutaneously. Steady and firm extension now brought the limb to the requisite degree of straightness. The leg was bandaged to a straight splint. The advice of Sir Henry Thompson relating to the after treatment of stricture was remembered, and four grains quinine combined with one quarter of a grain of morphia were directed to be given internally in order to avoid shock.—R. M. T.]

BELLEVUE HOSPITAL, N. Y.

December 9th, 1870.

DISEASES OF WOMEN.

Clinic of Prof. T. G. THOMAS.

Prof. THOMAS reported on the case of suspected pregnancy at last week's clinic.

Her urine was obtained last Monday, and after standing until to-day (Friday), no sign of kyestine could be detected.

Dr. VERMILYE, one of the gentlemen connected with the clinic, had examined into her social surroundings, and found that she was as had been represented, married and respectable.

Dr. Thomas confessed that circumstances did not seem to support his diagnosis. The patient will be reported on again in two weeks.

Scybalous Tumor Near the Promontory of the Sacrum.

Mrs. H., *æt.* 33; youngest child, nine years old. Patient complains of pain in the back, left side, and

abdomen, together with tympanites. Physical examination reveals a tumor on the upper portion of the sacrum. This is extremely painful on making pressure, but the finger can be imbedded in it without difficulty, and when this is done, small portions may be broken off. When the finger is introduced through the rectum the tumor cannot be reached.

Dr. THOMAS said that he considered this to be simply an accumulation of feces, but by next week the patient would have her bowels freely opened so that a more definite diagnosis might be arrived at.

Prolapse of Uterus.

Mrs. B., set. 36; married; six children; delivered of her last child in July. Her first birth was a transverse presentation. The second had prolapse of the funis with still-birth. The third was a footling. The fourth was natural. The fifth was footling. The sixth was also a footling. For nine years has had falling of the womb. A physical examination shows the womb to be three and a half inches outside of the body, and on the sound being passed the intra-uterine measurement is four inches. The perineum has been and is now lacerated. On compressing the lips of the os the organ is easily reduced. Dr. THOMAS advised, and will perform on next Friday, Prof. I. E. TAYLOR's operation of amputation of the cervix.

Ascites.

Mrs. T., set. 26; youngest child four years old. One year ago last October patient ceased menstruating. Shortly after this the abdomen began to swell at the lower portion, and extended up equally on both sides. At the present time it is so extensive as to give rise to much dyspnoea and prostration. Percussion of the abdomen gives a flat note everywhere, except posteriorly and to the left.

Dr. Thomas said that he had so recently entered into the differential diagnosis of abdominal tumors, that in the present case he would only mention *ascites ovarian dropsy* to *hydatids of the uterus*. In *hydatids* the fluctuation would not be so distinct, nor would, in all probability, the enlargement of the abdomen be so great.

Another diagnostic point is, that an enlarged uterus, from whatever cause, is circumscribed and not diffused over the whole of the lower part of the abdomen, as in the present instance.

Dr. T. said that last week he saw a case of this kind in the practice of a medical gentleman of this city. The uterus was very much enlarged, with the patient vomiting incessantly. A diagnosis of *hydatids* was arrived at, and it was decided to empty the uterus. A sponge tent was first introduced, whilst at the same time a couple of gallons of warm water was used as a douche to the os. One of Barnes' dilators was applied, but no pain followed. However, the cervix was then sufficiently patulous to introduce the hand and empty out its

hydatid contents. During the operation hemorrhage came on, and some days after the patient died.

Were the case before us ovarian, there would be a history of its beginning. On one side ovarian tumors also are not cystic, as a rule and there is seldom the prostration after a year's growth that we have in the present instance.

In ascites we usually find that at the upper part of the abdomen there is tympanitic resonance, but in some cases the intestines appear to be pushed back, and we get, as in the present instance, resonance posteriorly.

Dr. T. advised that the patient be tapped, then from the character of the fluid and from the resulting state of the abdomen there will no longer be any doubt as to the diagnosis. From the prostration it was deemed best to defer the operation till the patient went home. The case will be reported on at next clinic.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

November 7, 1870.

Report from the section on Pathology. Dr. McKENZIE, Chairman.

[REPORTED BY J. W. HADLOCK, M. D.]

Inflammation.

In the whole field of medical literature, probably no subject has occupied so much space as that of inflammation, and upon no other subject has there been expended such searching investigation. This is not at all surprising, when one considers the important part which the inflammatory process plays in pathology. There are but few diseases which run their course unaccompanied, at one period or another, by inflammation. Notwithstanding the amount of labor devoted to its elucidation by the most powerful minds, its especial nature is still an unsolved problem, and quite possibly may ever remain so.

Previous to the time of Harvey, all knowledge in regard to it was necessarily very vague, and confined to the most palpable phenomena, heat, redness, swelling and pain. Since then theory after theory has been advanced, variously based on the action of nerves, vessels or tissues. Fifteen years ago the exudation theory was very generally accepted, and the cause of exudation was explained in different ways by different pathologists.

ROKITANSKY accounted for it by the enlargement and distension of the vessels and consequent thinning of the vessel walls.

HENLE, and after him HUGHES BENNETT, considered it due to increased attraction of the tissues for the plasma. The latter expresses it by saying

that the attractive power of the molecules of the tissues is increased, while the selective power is diminished, so that an increased amount of material is separated from the blood; but though large in quantity, it is not suitable in quality for the proper nutrition of the part. The exudation was regarded as a blastema, in which appeared nuclei cells and fibres. These either developed into new tissues or degenerated into pus cells, granular debris, etc., depending upon the character of the inflammation, vigor of the individual, or some other cause often inscrutable.

In 1858 VIRCHOW delivered his lectures on cellular pathology. He placed the cell, with regard to pathology, in the same position as SCHWANN had previously placed it with regard to physiology. He maintained that it was the essential agent in all morbid processes, and enunciated the doctrine "*omnis cellula cellula*." Of course, this theory being accepted, that of exudation and blastema must be abandoned in reference to inflammation and other diseased actions. He stated that what was formerly regarded as exudation, was simply new tissue resulting from proliferation of cells and generally of connective tissue cells. He considered as made up of connective tissue in which special organs, as nerve cells, muscular fibres, etc., were embedded, so that there was abundant material throughout the body for the formation of the so-called inflammatory exudations. His theory in regard to inflammation was that it depended on a formative irritation of the cells eventuating in their abundant proliferation. That exudation or the presence of blood vessels, was not essential, was proved by the experiments of REDFEN and GOODSIR on cartilage, in which as a result of irritation the cartilage cells multiply abundantly, although cartilage is wanting in blood vessels.

In favorable cases this new material may develop into new connective tissue; but when the multiplication of cells has been very rapid and the other circumstances in the case are unfavorable, pus cells are produced. These pus cells, according to Virchow's views, may arise from two separate sources. 1. From the epithelial structures, in which case the deep layers of cells are the active agents. 2. From the connective tissue. In this latter variety multitudes of small round cells are produced by the proliferation of connective tissue corpuscles, by endosmosis growth and fissure, so that but little intercellular material remains; this subsequently undergoes the process of liquefaction, being first converted into mucous tissue, and finally into albuminous fluid. In this way the cells are set free, and become pus cells, while albuminous fluid becomes the liquor puris.

This very plausible and very fascinating theory, placing, as it does, all pathological processes under

the control of cell action, and thus reconciling them with physiological processes, was very generally accepted by the medical world.

About three years ago COHNHEIM, a former pupil and assistant of Virchow, published in Virchow's Archives an article containing some original views in regard to the formation of pus quite subversive of Virchow's theory. He was led to these by some observations which he had made when examining the opacity produced in the cornea of a frog by an irritant. It had been previously stated that the opacity resulted from the presence of pus-corpuscles, generated by proliferation of the connective tissue corpuscles. He, however, found that the corneal cells remained quite unchanged, being obscured by the presence of the pus cells. Upon injecting aniline into the blood-vessels, and afterward irritating the cornea, he found that the pus cells were all colored blue, as were also the white colored blood corpuscles in the vessels, whereas the connective tissue cells remained unaffected, thereby almost positively proving that the pus cells in the corneal tissue had been previously in the blood vessels. He then, under the microscope, examined the mesentery of a frog, poisoned with woorara, in order that it might remain quiet. The exposure of the membrane to the atmosphere was sufficiently irritating to cause inflammation, and the following phenomena were observed: Soon after exposure the arteries began to expand and become tortuous. Subsequently the veins also dilated and the blood stream was much retarded. The white blood cells accumulated in the marginal plasmatic layer of the veins, and finally became stationary. Small projections were soon observed in the external surface of the veins. These increased in size and finally detached themselves from the vessel's wall and floated away, being possessed of amoeboid movements, that is, the power of projecting portions of their substance in the form of processes and retracting them.

The migration of the white blood cells from the vessels is thus explained by Cohnheim: When these bodies come to rest in the plasmatic layer of the veins, they immediately exhibit amoeboid movements; some of the processes insinuate themselves into the minute stomata, which have been shown to exist in the epithelial lining of the vessels; having penetrated through the epithelial coat, their progress afterward is more rapid, because of much connective tissue, through which their passage is quite easy. The whole process occupies from one to two hours, and takes place as well in the capillaries as in the veins. Besides the white cells, red blood corpuscles also escape, but in comparatively few numbers. Fibrinous exudations are to be regarded as transuded fibrin mingled with these cells. These phenomena were also observed in the mesentery of cats and rabbits. According to the migration theory of Cohn-

heim, therefore, pus cells are to be considered as white blood corpuscles, which have made their escape through the vessel wall in the manner already described. The dilatation of the vessels he ascribes to a paralysis of the vaso motor nerves, and the showing of the blood cannot be supposed to be secondary to the enlargement of the vessels and dependent upon it.

The theory is by no means original with Cohnheim. The phenomena of the migration of the white blood-cells were first demonstrated by WALLER, and described by him in 1846. He drew out the tongue of the frog and secured it under the object glass of the microscope; he then applied some irritant, and soon observed projections on the external surface of the vessels, which gradually enlarged and finally floated away as free globules, to be succeeded by others. As Stricker remarks in his late Monograph on Inflammation, these observations of Waller anticipated Cohnheim in almost every particular, but they excited very little attention at the time amongst medical men.

In 1849, Dr. WILLIAM ADDISON, and in 1852 ZIMMERMANN, expressed their belief that pus-cells were but extravasated white blood-cells.

Dr. Addison gives expression to his views as follows: "At first—in the first stage—these elements (the colorless elements of the blood) adhere but slightly along the inner margin or boundary of the sentient vessels, and are, therefore, still within the influence of the circulating current; belonging, as it were, at this period, as much, or rather to the blood than to the fixed solid. Secondly—in the second stage—they are more firmly fixed in the walls of the vessels, and therefore now without the influence of the circulating current. Thirdly—in the third stage—new elements appear at the outer borders of the vessels, where they add to the texture from a new product, or are liberated as an excretion. In the sequence of the phenomena, the second does not prevent or stop the first, nor does the third prevent the other two." However, these views, like those previously advanced by Waller, remained comparatively neglected, and it was left for Cohnheim to create among pathologists that interest in the subject so necessary for its thorough investigation.

Since the publication of his article, several experimentalists have repeated his experiments, but without uniform results. KREMIANSKY, of Vienna, and KOSTER, have confirmed them. VULPIAN, in a paper, read before the Academy of Medicine of Paris, gave the result of experiments performed by himself and HAYNEAU. I have not been able to obtain the paper, but from a notice of it in the *London Lancet* (American reprint), it appears that the conclusions are, that the theory of Cohnheim is well worthy of attention.

CONIEL and PRANOIER, in an excellent little manual upon pathological histology, published in Paris in 1860, discuss the subject of inflammation. They adopt the views of Virchow, but in a somewhat modified form. They maintain that the active phenomena are not confined to the connective tissue corpuscles, but may be exhibited by all forms of cells. On this they follow the opinions of BEALL, who, for several years held the doctrine that inflammation affects all germinal matter, and produces in it active changes.

With reference to the Cohnheim theory, they state that after imitating in every particular his mode of procedure, they have been unable to satisfy themselves of the migration of leucocytes through the vascular walls. They sum up their conclusions in the following way:

"Pathological anatomy in the human being accords perfectly with what we have learned from the experimental study of inflammation. The processes occur in the following order: Hypertrophy of the nucleus; increase, and afterward, division of the protoplasma; destruction of the secondary membranes of the cell; destruction of the fundamental (intercellular) substance; establishment of embryonic tissue, (such as is found in the embryo before the formation of the blastodermic membranes); formation of new vessels." After the formation of the embryonic tissue the new growth may develop into connective tissue, or degenerate, if the supply of nourishment be obstructed, into pus-cells. These result from the impairment of nutrition of the embryonic cells. The nuclei divide, but owing to deficient vitality the protoplasma remains unchanged, so that a cell is produced with a nucleus. Quite lately a treatise on inflammation has appeared from the pen of STRICKER, a distinguished experimentalist of Vienna.

Upon irritating the cornea and tongue of the frog, and examining them under the microscope he was enabled to demonstrate that the cells of the connective tissue underwent proliferation. He also examined under the microscope the tail of the tad-pole, which had been previously subjected to the influence of woorara. Upon irritating the tissue he observed that there was accumulation of colorless blood cells at the seat of irritation, and soon many of them passed through the cell wall. He therefore admits that pus corpuscles may proceed from the blood vessels, but also maintains that they may proceed from other sources; and he draws the conclusion from his experiments and observations that the differences noticed in the characters of pus corpuscles in all probability depends upon this difference of origin. He states that as the result of inflammation, not only connective tissue cells multiply, but muscle cells, nerve cells, epithelial cells, both integumentary and glanular.

In regard to the formation of new tissue as the result of inflammation, he seems to lean decidedly toward the cellular views of Virchow.

Quite recently several lectures upon the subject of analytical pathology, delivered by Dr. Moxon, at Guy's Hospital, have been published in the *Medical Times and Gazette*. In these lectures the lecturer seems to adopt, mainly, the views of Virchow, that inflammation consists of a formative irritation in the cell elements, and that the phenomena of heat, pain, redness and swelling are consequential and dependent upon it. He divides the tissues into three classes: cellular, intercellular and tubular, the first consisting of epithelial and glandular structures; the second of the connective tissues; the third of vessels, nerves and muscles.

As a result of irritants applied to the first we have abundant proliferation of the cells. If this occur on surfaces, the condition known as catarrh results, but if in glandular organs, enlargement of these organs. This enlargement soon subsides if the cellular element is alone affected. But if the irritant is more severe or its application more prolonged, the intercellular tissue becomes affected and much more serious consequences follow, provided the irritation produced be not very intense hyperplasia results, which, by its pressure and subsequent contraction, may interfere very materially with the proper nutrition of the organ. If the irritants be severe and the irritation following more intense, we will have produced not an increased amount of normal tissue, but a heterologous formation known as pus. These pus cells, he thinks, are never the result of irritation affecting simply the cellular element, but are only produced when the irritant has been sufficiently active to influence the inter-cellular tissue. His views as to inflammation of the tubular structure have not yet been published.

It hence follows that pathologists are by no means agreed as to the essential nature of inflammation. The medical world are for the most part divided between the theories of Virchow and Cohnheim, and so long as such differences exist between celebrated authorities, the subject must be considered sub judice and dependent for its solution upon the future researches of scientific men.

NEW YORK PATHOLOGICAL SOCIETY.

Wednesday, November 23, 1870.

Liver Cirrhosis.

Dr. FINNEL presented a specimen about half the size of an ordinary liver, and completely cirrhotic. The patient was a black woman, *æt.* 50; an inveterate drunkard, being known to drink a quart of gin in an evening.

Uterus and Ovaries.

Dr. Finnel also showed the uterus and ovaries matted together by bands of false membrane. The ovaries were carried entirely behind the uterus and close to the rectum. A section of the uterine wall disclosed numerous interstitial fibroids.

Uterine Tumor, Submucous.

Dr. LITTLE read the following history and presented a uterus about 8 inches in diameter, containing in its interior a semi-gelatinous mass. The patient was *æt.* 23, and married. Three years ago he took cold with cramps in the abdomen and suppression of the menses, but from this she recovered. Shortly it became evident that a tumor was forming, and the diagnosis was made that it was ovarian. However, the swelling did not give rise to any inconvenience from its size. Metrorrhagia was of frequent occurrence and very copious.

On October 26th, patient entered St. Luke's hospital, and four days after bleeding again came on, accompanied with symptoms of peritonitis. From this the patient sank and died. Three days before her death she began to pass a substance from the vagina similar to what is in the uterus, and it is estimated that as a result of this the uterus became one-third less.

Dr. FINNEL was of the opinion that the contents of the uterus resembled the hydatid degeneration of the placenta.

Gangrene from Embolus.

Dr. LOOMIS presented a specimen of coagulum, taken from the iliac artery of a patient who died with gangrene of left foot.

Patient was a German woman, *æt.* 31. She had had three attacks of rheumatism, the last one coming on in May.

During August, she was delivered of a child at full term.

On entering hospital, suffered from dyspnoea and great emaciation, with pain over the heart, cough and sputa resembling that of pneumonia. This examination shows dullness on each side; more marked on the left; no rales. The apex beat was found to the left of the nipple, but diffused over the præcordia, and accompanied with a thrill.

Behind the sternum there was a distinct pulsation. In all there were three murmurs—two at the base and one at the apex.

At first an aneurism was suspected by some gentlemen, but by studying the case was soon laid aside.

On the 15th of November, five days after entering Bellevue Hospital, a loss of pulsation was noticed in the radial and femoral arteries on the left side, accompanied with hemiplegia.

November 18—Dyspnoea increasing; growing very weak and delirious.

November 20—Non-delirious; no pulsation in

the upper extremity till you reached the axilla; temp., 101 on the right and 97 on the left side. This variation of temperature kept up to the evening, when she died. Some days before death the toes began to grow gangrenous, and at death this had passed as far up as the tarsus.

Post-mortem.—Middle meningeal artery plugged; no softening; pericardium attached by its two sides. The valves of the heart were thickened and on them were vegetations.

The axillary artery was plugged up completely, as also was the abdominal aorta, and on withdrawing the coagulum from the latter vessel it was found to extend down into the femoral.

Thoracic Aneurism.

Dr. BRICKMAN presented a ruptured aneurism.

The patient had been a druggist and kept notes of his own case with the effect of therapeutical measures. The doctor had given him more than 150 injections of ergotin in 2 gr. doses. The only result noticed was the relief of pain during the earlier portion of the disease, but later this drug lost its efficacy.

Gangrene of Leg—Amputation.

Dr. SAYRE showed a portion of an occluded vessel from a patient whose leg he amputated in Charity Hospital. The case was an old negro born in Connecticut when the slave laws were in vogue there. The stump was dry on operating, but shortly after it began to bleed. Dr. Sayre promised to report at next meeting how the case progressed.

EDITORIAL DEPARTMENT

PERISCOPE.

Propagation of Disease by Milk.

Prof. JOHN GAMGEE writes to the *British Medical Journal* a plan of disinfecting milk and dairy utensils with the view of preventing the propagation of disease.

The demonstrations by Dr. MICHAEL TAYLOR, of Penrith, Prof. BELL, of St. Andrews, and Dr. BALLARD, of Islington, that the scarlet and typhoid evers are susceptible of transmission in milk, render it of the first importance that a complete purification of milk-pails, milk cans, etc., should be at all times adopted. Milk venders, moreover, have found to their cost, and even ruin, that at times the milk of healthy animals—of cows to which every attention is paid with a view to the production of good milk—is apt to become fetid, putrid, and to separate on boiling. It is one of the oldest injunctions in the management of dairies, that scrupulous cleanliness is essential. But, from Dr. Ballard's exhaustive inquiry into the possible means of contamination, it would appear that the ordinary precautions of scalding and rinsing cans are not sufficient without the precaution of providing at all times against the admixture of contagious matter with the water used in any and every washing or purifying process. Contagious germs resist an undetermined amount of heat. The hot water of the laundry has not prevented the propagation of scarlet fever poison from infected clothes to those from healthy sources; these, on being returned to their owners, have propagated the malady. It is, therefore, essential to study the means which must

at all times prove sufficient for the effectual disinfection of milk utensils, and, under certain limitations, of the milk itself. It is by no means difficult to extend to the dairy Mr. Read's process, which has found favor with beer-bottlers, and which consists in injecting into a bottle, just before it is filled with beer, a disinfectant spray. By means of this spray the entire internal surface of the bottle is instantly disinfected and the air is purified. Beer thus bottled retains its brightness if the proper amount of disinfection have been applied; and by this means every germ of disease or decay, every possible ferment in the water used for washing purposes, can be rendered harmless. I should, therefore, propose that dairy utensils should be washed or purified with weak solutions of chlor-alum. A combination of chlor-alum and sulphurous acids might be more advantageously employed with large cans, so that the latter gas would have a tendency to displace and purify the atmospheric air in the cans. A very small amount of chlor-alum added to the milk imparts to it no flavor or hurtful property, and would effectually destroy ferments and germs of disease. The steps, then, to follow are: 1. To wash and scald all dairy utensils as usual; 2. To use an antiseptic, such as chlor-alum, instead of washing soda, in the water used to wash the said utensils; 3. The milk-pail into which the milk is poured as fast as it comes from the cow should be disinfected, by a spray through a funnel-aperture at the top, by inverting the can over the spray-producer; it is then turned on its bottom and filled with milk, which on rising in the can, would absorb and partly displace the antiseptic gas evolved; 4. Cooling the milk promptly; the reduction of tem-

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perature should be as low as the coldest spring-water to be had; but I believe in time artificial refrigeration to a temperature of about 40 deg. will be found easy and profitable; 5. A definite and ascertained quantity of a harmless disinfectant can, with the greatest advantage and certainty of good results, be added to the milk.

Curious Malformation of the Fingers.

Dr. VON MOSENGEL, of Bonn, describes and figures in the last number of Langenbeck's *Archiv* an unusual malformation existing in the left hand of a man who came into hospital on account of a dorsal subluxation of the trapezium. There were five fingers on the hand, but no thumb; in the place of the latter was a finger having a metacarpal bone and three phalanges. There was no trace of the ball of the thumb; and the supernumerary finger, which resembled the little finger, was not capable of being brought into opposition to the others. For prehensile purposes, the man had acquired the habit of bringing the fore-finger and the additional finger into opposition with the others; hence there was a greater width between the index and middle fingers than between the others; these two were curved one towards the other, and their basal phalanges were very strong. The thumb on the right hand was normally formed; the thenar eminence, however, was small.

—The Prussian iron cross, with a white ribbon, which is bestowed upon non-combatants who have done great service on the field of battle, was sent to the chief surgeon of the Saxon Army Corps, and rejected by him, with the remark that in consideration of the perilous nature of the services he felt himself as much entitled to the iron cross with the black and white ribbon as any soldier of them all.

Reviews and Book Notices.

BOOK NOTICES.

First Medical and Surgical Report of the Boston City Hospital. Edited by J. NELSON BOLLAND, Physician, and DAVID W. CHEEVER, Surgeon. Boston. Little, Brown & Co. 1870. 1 vol. 8vo. Cloth. Pp. 688.

This is a truly magnificent volume, printed in the highest style of art on heavy toned paper, and embellished with numerous lithographic plates, plain and colored. The contents of the volume

correspond to the manner in which they are presented to the public. They consist in a series of monographs, thirteen in number, embracing the results of the medical and surgical experience in the Boston City Hospital during the first five years of its establishment. Five of these articles are by Dr. David W. Cheever, the surgical editor, upon excision of joints, displacement of the upper jaw, reproduction of the tibia, tumor of the tonsil and occlusion of the vagina, and a surgical abstract. They are a most valuable group of papers. Dr. HOWARD F. DAMON has an article on the treatment of skin diseases, which contains many useful observations, but singularly enough, says nothing about treatment. Dr. JOHN G. BLAKE discusses the management of rheumatism, with the result that any known treatment is far from satisfactory. Pneumonia is reported upon by the medical editor. The treatment was a modified form of Bennett's, but the results not so favorable. Typhoid fever is commented upon by Dr. J. B. UPHAM. Its treatment was mainly expectant, though in special cases oil of turpentine was found to exert obviously beneficial effects. The ophthalmic report is by Dr. HENRY W. WILLIAMS, the aural report by Dr. J. ORNE GREEN. A number of cases of peri-uterine inflammation are detailed in a succinct and instructive manner by Dr. ALEXANDER D. SINCLAIR. Some remarkable cases of peri-nephritic abscesses are related by Dr. HENRY I. BOWDITCH. The volume commences with a brief history and description of the hospital, and closes with general medical and surgical tables. The whole is a most creditable production, and one that is an honor not only to the liberality of the trustees of the hospital, and the skill of its medical corps, but to our whole country and the profession.

The Physics and Physiology of Spiritualism. By WILLIAM A. HAMMOND, M. D., etc. New York. D. Appleton & Co. 1871. 1 vol. 12 mo; cloth; pp. 86.

This is an admirable little treatise, one which we hope will be read largely by many who are not physicians, as it is they who more especially need the instruction it contains. We recommend our readers to put a copy of it in the hands of any intelligent person who is tainted with a half, or a whole belief, in the nonsense which goes under the name of spiritualism.

Dr. Hammond explains the manifestations as a combination of folly, disease, and knavery, and adduces convincing proof of this view. Probably the attention which this delusion will receive in the future is much less than it has obtained in the past, and such a work as this will largely contribute to this desirable result.

It is written in an easy, popular style, and is suited for all classes of intelligent readers, professional or non-professional.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 7, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send one number of the *HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE*, or a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 will please notify us of their wishes. (In connection with this offer notice No. 2, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January next. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

TWENTY-FOURTH VOLUME.

With this number of *THE MEDICAL AND SURGICAL REPORTER*, we begin the twenty-fourth volume of the work in its weekly form, and are well into our twenty-first year of medical journalism. Perhaps it is innate perversity of disposition ("pure cussedness," as Artemus Ward hath it) that has impelled us to such a prolonged connection with the medical periodical press, but we are bound to hold the profession in a degree, at least, responsible for encouraging us as they have done, and as they are doing, increasingly to persist in such a course. The past year has been one of great encouragement to us, in spite of the almost universal depression in business. The

influence of *THE REPORTER* is growing every day. The march of civilization to the westward brings demands for it from almost every city and town that springs up in our new States and Territories, and it is constantly going into new regions in all of the older States. During the past year hundreds of physicians from almost every State and Territory of the Union have made it the vehicle of their communications to the medical public; and we are now at great expense publishing a vast amount of very valuable material from the various centres of instruction, in different sections of the country.

The responsibility of conducting such an enterprise we feel to be great, and it involves a heavy outlay of money, which we depend for entirely on the support and coöperation of those who appreciate our labors.

Our readers are witnesses to the fact that, as our means increase, the value of *THE REPORTER* is enhanced. It will continue to be so. We ask for the continued coöperation of all our friends, and hope they will all not only be *PROMPT* in the discharge of their individual obligations to us, but if they can conscientiously do so, recommend *THE REPORTER* to their neighbors, and thus serve them, and through us serve the cause of medical progress.

THE REALM OF THE QUACK.

Never anywhere in the field of human studies can we find more striking illustrations of the dangers and the evils of ignorance than in the history of that science whose votaries we are. Nothing so touches the human heart, nothing so puts to its utmost strain each faculty of our being, as the love of life, the fear of death, the dread of pain. These are the all-powerful and universal motives to which in every age the true and the false physician appeal.

The true physician seeks to allay unnecessary and unphilosophical terror, to soothe with utmost promptness the suffering he witnesses, to instil a calm resignation to the universal law of death, to defer that inevitable close of the career by wise and temperate precautions, and to defend the public from the approach of pain. To accomplish this, the master minds of all ages are agreed that the most effective means is the *diffusion of sound knowledge*. Socrates was not the first to proclaim that the source of physical and moral

evil is *ignorance*. And what he advanced and proved with such inexhaustible subtlety of logic and profuseness of illustration, has become the watch-word of civilization and the hope of the race.

The battle we have to fight is against the powers of intellectual darkness; and the history of each day adds another to the long register of facts that proves that in our science, as in all others, those who *know the most* are the leaders and the true benefactors of their race.

A strong illustration of this axiom is found in the history of charlatanism. Within the last score of years we have seen it dispossessed of one after another of its strongholds by the careful study of them by able and conscientious observers. Hysterical phenomena, long the peculiar province of miracle vendors, are now too well known to allow them any further chance for their bold assumptions. The diseases of women, which twenty years ago was in its twilight period, is now a branch of medical science abounding in distinguished masters, and its most important facts, those which it is well for all to know, have been laid before the public in popular works of the highest order of merit, and which will prevent thousands from unwittingly violating the laws of their organization.

There is still one department which remains far too largely in the hands of those who delight to play upon human suffering, and to foster it for their mercenary ends. Secret diseases have largely passed out of their hands, but they still thrive upon certain complaints which a native shame disinclines the patient to reveal to his family physician.

The same is also true in England. In a recent number of one of the leading medical weeklies there, after remarking that "quacks only thrive in that part of medicine which is neglected by the faculty," it adds, "hence, since there have been such able writers on syphilis in this country, that field has been abandoned by these dangerous charlatans. The only field left now for the quacks is that of spermatorrhœa and the functional diseases of males. The Obstretical Society has attacked the diseases of our sisters in such a positive spirit, that the outsider has no chance in that department. That there are plenty of diseases of the male reproductive organs besides gonorrhœa and syphilis well educated medical men know, but there is a wonderful

disinclination to taking up this question. We have a few honorable exceptions in the names of Curling, Erichsen, and more recently Waring, Curran and Teevan, but the exception proves the rule that the subject is still in the twilight epoch, and hence fit to be seized on by charlatans. Let us hope that our best young men may soon clear away the silly mysteries about this branch."

We echo that hope for this side of the Atlantic, and extend to it the wish that some skilled writer would dispel a little of the dense popular ignorance around these subjects, an ignorance which, shared as it by parents, teachers and professors, prevents them from giving instructions to their sons and pupils, by which the latter could be saved from incalculable pain, mental agony, and vice. Every physician and most teachers must have witnessed repeated examples of the need of just such information.

Notes and Comments.

New York Items.

Dr. RICHARD S. DEWEE, a recent graduate of Michigan University, is said to be the "American Surgeon in the Prussian service" that has been writing letters to the *Nation*.

The new Lunatic Asylum on Ward's Island, which has been in process of erection during the past two years, will be completed and opened about the first of March, 1871. It will accommodate 2,000 patients. Thus far \$350,000 have been expended upon it.

The Infant's Hospital on Ward's Island contains one hundred and sixty-three foundlings, under the care of experienced matrons.

A Valuable Journal for Sale.

The *Charleston Medical Journal* was, up to 1860, one of the most valuable journals published in the country. It is now quite rare. A complete set of the work bound in half calf has been left at our office for sale.

A set also, nearly complete, of the *New Jersey Medical Reporter* (1846 to 1858, inclusive), bound in half calf, has been deposited with us for sale.

The Pocket Record.

There has been a largely increased demand for the *Pocket Record*, exhausting two large editions. In a few days, however, we shall again be able to supply all calls for the work which, as it is *good from the day of purchase*, can be used from any date. The heavy orders now being received will all be filled soon.

Correspondence.

DOMESTIC.

"A Legion of Leeches."

EDS. MED. AND SURG. REPORTER:

Seventy-four thousand doctors would make a large army truly. Forty millions of people require a large army of doctors, but they should be doctors in the true sense of the term, rather than pill vendors. The above figures show about one doctor to every five hundred and forty inhabitants of the states and territories.

There is another feature far more alarming than the immensity of the number of the people's health guardians, and that is the great number of doctors who can not translate the document by virtue of which they have the authority to physic and bleed the public; this is what should excite alarm, for the number is alarmingly great. If the census man had inquired into this matter, and carefully recorded his observations, we fear the result would not be very complimentary to the average erudition of the medical fraternity.

Notwithstanding the great mortality, from exposure, disease and over-work of the doctors during our late war and since its close, their decimated ranks have been filled up with an excess of nineteen thousand doctors over the census of 1860. True, the number is very great, but their combined influence for good or for evil is much greater.

Seventy-four thousand true physicians, of rare accomplishments and high scientific attainments, such as every doctor should be, were a possession that any nation might justly be proud of.

The public is a severe but just critic, and unrelenting as the Mosaic Law. No profession has so many jeers and gibes daily hurled at it, as the medical profession, and perhaps no one has more richly deserved them.

What should we think of the "regular" who avers that he has cured numerous cases of prostritis in females? Such an one can be found enjoying a lucrative practice. A counterfeit bill has for a time answered the purposes of commerce as well as a good one; but when the detective wrote Ichabod on it, it lost its pretended value with all true citizens for ever.

Aside from money-getting and fashionable dress, no article of our popular creed is more potently believed in than that we are the best and most universally educated people in the world. Tables prepared by the Educational Bureau for August, 1870, show conclusively that we are just no such thing. The same authority shows that the number of illiterate adults in this country is close upon six millions. If to this number we add three millions

for illiterate youth between ten and twenty years of age, and one and a half million for those under ten who have no prospect of education, we swell the huge total to upward of ten millions, or one in four. This looks rather hard on paper, but the authority above quoted is responsible for the statement. The census of 1860 shows that five of the older States east of the Mississippi river had over fifty per cent. of an illiterate population; two of them, South Carolina and Mississippi, had sixty-one per cent. Of adults, Indiana had ten per cent.; Maine, three.

We hope for a better showing in the census of 1870. If knowledge is power, the volumes of that article that the American people don't possess may yet be brought to bear upon them with untold efficacy. In 1862 some wag proposed to settle our difficulty by having both armies march up to a huge ledger or autograph book, wherein every soldier that could write should write his own name, both parties agreeing to bury the hatchet in favor of the majority of names written. After a four years' struggle exactly this idea was practically carried out. At Sadowa and Sedan the scale of battle turned in favor of intelligence, and was overwhelming in Abyssinia against King Theodore and his illiterate host. Of a thousand French recruits three hundred are unable to read; of an equal number of Germans less than thirty are illiterate. Did the facts in the case warrant our turning the figures the other way, we venture to say that Berlin would be under siege by the French to-day instead of Paris by the Prussians.

Knowledge is power indeed, but with our characteristic facility for converting the useful into the agreeable, we have adopted the following rendering of the text: *Money is power and the love of knowledge the root of evil.*

On the week previous to the convening of the American Medical Association at Cincinnati, in May, 1866, a body of medical teachers met in council, and after due deliberation passed a series of most salutary resolutions, and most earnestly implored the various medical colleges to so change their curriculum as to require of every student a better knowledge of the primary branches of literature as well as attendance upon three full terms of medical lectures before he could come up for graduation. This is too great and useful a reform to be accomplished in a short time, but we trust the proposed measure will be adopted by every medical college in the land at no very distant day.

Perhaps the best talent in every nation and country has been devoted to the study of medicine, and no other department in science, art or literature is richer in the recorded triumphs of its great devotees than is the department of medicine. We would by no means undervalue the talent engaged in the

study and practice of medicine to-day, for we are satisfied in its ranks may be found the best in the country. We only claim that too many of us are not only permitted but authorized to go forth as the people's health guardians, not half qualified for the labors and duties before us, notwithstanding the wisest men in the world are those who have just emerged from the green room with barely votes enough to escape ignominious defeat.

What shall we do? We are all on an equal footing. The struggle of life is before us, and the field wide. We buckle on our bright armor and stride forth never before so proud, nor after, for "death with his gleg gully nicks many a thread" in spite of us. Our new sword was but tin, and our shield and panoply more pervious than our parchment.

We once heard a prominent professor of anatomy state in the hearing of a large class of medical students, that he had spoiled a peck of eyes before he had learned to properly straighten one. That remark had the power of a sermon that sank deep into our thoughts, for we did not then understand that he meant bull's or sheep's eyes. Whose experience under the present system of high pressure education is not somewhat similar to the distinguished professor's. The disappointed patient next falls into the hands of an advertising quack, whose financial creed is, cash in advance for most encouraging promises. Hence the unscrupulous quack finds abundant means to advertise extensively, flourishes and grows fat as the patient grows lean. He laughs at the half qualified "regular," who grows lean too, for quacks must have money in advance, while stupid regulars have yet only learned to wait. But something too much of this.

A. D. BINKERD, M. D.

Parker's Landing, Pa.

Another Monstrosity.

EDS. MED. AND SURG. REPORTER:

I have recently read in THE REPORTER of November 19 an interesting case of monstrosity that has recalled to my mind a case that I met in practice some time since; which I will relate as briefly as possible:

I was called on the morning of the 5th of May, 1869, to attend a Mrs. — in her fourth labor, set. 27, and weighing about one hundred and sixteen pounds, when in health. On my arrival at her residence, at about eight o'clock in the morning, I was informed that she had ceased to menstruate the last week in August, last, and therefore considered herself in the eighth month of pregnancy, and that about four hours previous to my arrival she had experienced three or four very severe pains, with the discharge of the waters, attended with quite free hemorrhage. On examination, per vaginam, I found she had lost considerable blood, but that the hemorrhage and pains had nearly

ceased. The os uteri was but little dilated and high up, with discoverable indications of labor.

After remaining about three hours and observing no considerable change in the symptoms or immediate necessity for my presence, I left to visit other patients, with the understanding I was to be sent for immediately on the recurrence of pain or hemorrhage. Not hearing from her however in the meantime, I called to see her on the following morning, arriving about 8 o'clock, when I was informed that very strong and frequent labor pains had set in about 20 minutes before, attended with a return of hemorrhage. On examination I found the os dilated so as to admit two arms down to the shoulders, a right and a left, with prolapsus of the cord without pulsation. I immediately informed the patient that she had a cross-birth and it would be impossible for the child to be born by her own unaided efforts, while in that position; that it would be necessary for me to rectify the position by turning. The pains were very strong, with but slight intermission, attended with hemorrhage, and the waters drained off for 24 hours when I proceeded in the attempt to turn.

Introducing my hand with some difficulty into the womb, I carried it along the body of the child until reaching the legs resting on the left ramus of the pubis—a right and a left leg; seizing the feet and with considerable difficulty in the short intervals from pain, I succeeded in turning the child, but in bringing the body down into the pelvis, some obstruction to further progress was apparent, which on examination proved to be the presence of another child. In this emergency I determined to hold on to the first child and deliver it; when by strong traction, aided by the expulsive efforts of the mother, the hips of the first child were delivered. Here again there appeared to be an arrest of further progress, when, upon further examination, I became satisfied that the second child was following or accompanying the first and that they were united, the heads about engaging in the superior strait.

With strong efforts upon the part of the mother, aided by considerable traction, they were finally delivered, the head of the one pressing against the neck of the other.

They were well developed female children of eight months, and closely united from the umbilicus to the superior extremities of the sterni, with but one umbilicus in common, and but one cord, though containing six vessels, the cord dividing one and a half inches from the placenta, a single cord then passing into each side of the afterbirth.

There was but one set of membranes, which corroborated what the patient had previously informed me in regard to the discharge of the waters, and is confirmatory of a physiological theory in regard to the development of the sexes. The case, to my mind, presents some points of interest. Firstly, it was a case of placenta previa. Secondly, it was a cross birth with shoulder presentation, requiring the operation of turning twenty-four hours after the discharge of the waters. Thirdly, it was a monstrosity—*Sianese Twins*. Fourthly, it demonstrates the fact that twins can be delivered with the head of the one pressing against the neck of the other. The children were not living, and I suppose were not for some hours previous to delivery. The mother made a speedy and favorable recovery. I preserved the children and deposited them in the Wistar Museum of the University of Pennsylvania.

BENJ. THOMPSON, M. D.

New Garden, Pa., Dec. 20, 1870.

NEWS AND MISCELLANY.

Homœopathic Pension Surgeon Discharged.

The Commissioner of Pensions has struck off the list of Examining Pension Surgeons the name of Dr. STILLMAN SPOONER, Oneida, New York, a homœopathic surgeon, on the ground that "all examining surgeons for the bureau should belong to one school and adopt but one theory of medicine," and that he "did not belong to a school of medicine recognized by the bureau."

—The project of admitting women to the Medical University at Edinburgh has received the express disapproval of the queen.

QUERIES AND REPLIES.

Retroflexion.

I wish you or some of your correspondents could give me a good treatment of retroflexion of the uterus; not retroversion, but retroflexion, where the uterus is bent almost like the letter U; a probe having to be bent more than a male catheter to pass it into its cavity. The patient is unable to be on her feet much or to walk or lift any; constant uneasiness in the pelvis; not sharp pain; no trouble in urinating, but very costive; no power to expel the contents of the rectum; has to use injections often; has a pretty good appetite, but a bad taste in the mouth; is regular, and has but little pain in menstruation. Has tried Babcock's uterine supporter, but was worse with than without it. I don't see how pessaries and supporters are going to cure the flexion. There is no evidence of inflammatory action now. What shall I do to cure it?

Penna., Dec. 24, 1870.

J. B.

Tœnia.

Is it possible that a tape worm's head will take refuge in some of the ducts leading into the alimentary canal, and thus escape the effects of anthelmintics? I have a case who passed last year, ninety feet at two passages, and last month, passed seven feet; have given santonine, calomel and turpentine, and pepo; will now try kousoou pink root and pomegranate. What else can I do to get the head?

A. P. B., M. D.

Texas.

WORDS OF ENCOURAGEMENT.

Dr. R. T. Mich.—"Send the COMPENDIUM when issued. I have all the numbers, so far. It is the best thing out. I think more and more of the REPORTER every year."

Dr. L. H. L. Pa.—An old subscriber to the REPORTER writes: "I shall ever regard it as my great and timely adviser upon medical topics of the day."

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Dr. J. B. L., Pa.—"I have been a subscriber to and a reader of your journals for a good many years, and the longer I take them the better I like them, and have got to believe them indispensable to the practicing physician if he would keep abreast with improvements in medicine."

MARRIED.

BOOKSTAVEN—FISHER—Dec. 23, 1870, at the residence of the bride's parents, Brookside, near New Brunswick, N. J., by the Rev. C. D. Hartranft, assisted by Rev. C. E. Phelps, Rev. A. A. Bookstaver, of Scotia, N. Y., and Miss Hattie N., daughter of J. C. Fisher, M. D.

BRYANT—CAMPBELL—Dec. 22, by the Rev. P. A. Slater, at the residence of the bride's sister, Lafayette, N. J., Dr. J. P. Bryant, of New York, and Miss D. C. Campbell, of Louisville, Ky.

LAZZELL—CONAWAY—December 27, 1870, at the Pittsburg Female College, by Rev. I. O. Pershing, D. D., James M. Lazzell, M. D., and Miss Florence Conaway, both of Fairmont, West Va.

MORRISON—PEAIRS—By Rev. H. R. Peairs, Nov. 3d, Dr. George Morrison and Miss Emma E., daughter of John Peairs, of Duncan's Falls, Ohio.

NOBLE—LISCOMB—December 21, 1870, in the Beaver Falls, Pa., Presbyterian Church, by the Rev. W. H. Locke, Mr. Lester B. Noble, of New Brighton, Pa., and Miss Mollie A., daughter of Dr. P. D. Liscomb, of Beaver Falls, Pa.

ROBBINS—WATSON—In Trenton, N. J., Dec. 25th, by Rev. Robert S. Manning, Geo. R. Robbins, Jr., M. D., of Hamilton Square, and Miss Anna Mary Watson, of Assanpink, N. J.

TAFT—MORROW—In Providence, R. I., Dec. 8th by Rev. James G. Vose, Philip Wilbur Taft, of Worcester, Mass., and Jean McLean Morrow, only daughter of Allen Morrow, M. D., of Clinton, N. Y.

WADE—GILLESPIE—December 20th, in the Union Baptist Church, Pittsburg, by the Rev. Wm. M. Young, D. D., Charles A. Wade, second son of Mr. Levi Wade, and Laura Estelle, only daughter of Dr. E. Gillespie.

WITTICH—BLAKE—On November 1st, at the residence of the bride's father, in Springfield, Mo., by the Rev. J. A. Page, Geo. E. Wittich, of Garnett, Kansas, and Miss Katie B. Blake, daughter of Dr. A. H. Blake, formerly of Circleville, Ohio.

DIED.

COOPER—Dec. 9th, at Wellsburg, Brook county, West Va., of scarlatina, Mary Francis, daughter of Dr. J. M. and Sallie Hedge Cooper, aged 1 year and 10 months.

PARKER—In Lancaster, Pa., December 17th, Dr. Samuel Parker, aged 68 years, 2 months and 25 days.

PENNEBAKER—In this city suddenly, Dec. 29th, Amos Pennemaker, M. D.

POWNALL—Dr. A. P. Pownall, a young physician of Sandy Hill, Ky., was drowned in Crooked Creek, near Sandy Hill, a few weeks ago, while being baptized. He had been married but a few days previously, and was highly esteemed.

WELLFORD—In Richmond, Va., Dec. 27th, Beverly R. Wellford, M. D., aged 74 years. Dr. Wellford was for many years Professor of Materia Medica in the Virginia Medical College at Richmond, and was an ex-President of the American Medical Association. A biographical sketch of him with a steel engraved portrait was published in the REPORTER many years ago.

WILLIAMSON—In this city, on the 19th ult., Walter Williamson, M. D., in the — year of his age. Dr. Williamson was a graduate of the University of Pennsylvania. For some years past he has been a prominent and highly respected homœopathic practitioner in this city.